

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on July 28, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The lumbar MRI rendered on 7/28/03 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the lumbar MRI.

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to date of service 7/28/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8th day of October 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

September 27, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:

TWCC #:

MDR Tracking #:

M5-04-4076-01

IRO #:

5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Neurology. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

The records reviewed include a lumbar MRI report dated 07/28/03, a report of medical necessity from Dr. W dated 07/27/04/04, itemized charges from Texas Imaging and Diagnostic dated 07/28/03 and various pages revolving around requests for the MRI scan.

CLINICAL HISTORY

___ injured his lower back as a result of heavy lifting on ___. He was seen by Dr. W at Oak Cliff Medical Rehab, where he complained of low back pain, low back spasms, low back stiffness, leg numbness and leg weakness with muscle spasms. Dr. W found abnormal reflexes of the left and right leg and weakness in both legs. He ordered a lumbar MRI scan that revealed mild to moderate stenosis at L4/5 with a 2-3 mm disc protrusion to the left at that level with bilateral foraminal stenosis at that level. He subsequently had an EMG nerve study on 08/06/03 that showed a right-sided L5/S1 radiculopathy and a left-sided L5 radiculopathy. ___ underwent a CT discogram on 02/20/04 that was abnormal. Surgery was recommended and he is apparently scheduled for surgery in the near future.

DISPUTED SERVICES

Under dispute is the medical necessity of a lumbar MRI performed on 07/28/03.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The Ziroc reviewer finds that this patient did require a lumbar MRI scan, even though it was within six weeks of his date of injury. This patient not only had back pain, but had weakness in the legs, numbness in the legs and abnormal reflexes, and as such was medical indication for a lumbar MRI scan soon within six weeks after the injury.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,